

Appendix K

Risk Assessment Procedures to Evaluate Particulate Emissions from Diesel-Fueled Engines

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A. Introduction

The objective of this appendix is to discuss procedures for estimating potential cancer and noncancer health risk from exposure to particulate matter (PM) emissions from diesel-fueled engines (diesel exhaust). It will also clarify the requirements and recommendations for acute noncancer and multipathway cancer and chronic risk assessment for diesel PM. In addition to the notification and risk reduction requirements under the Hot Spots Program, this appendix should facilitate the use of the *Risk Reduction Plan to Reduce Particulate Matter Emissions from Diesel-Fueled Engines and Vehicles* (ARB, 2000) (Diesel Guidelines). The Diesel Guidelines were developed by the Air Resources Board (ARB) with assistance from the Office of Environmental Health Hazard Assessment (OEHHA) in October 2000. The Diesel Guidelines are intended to assist local Air Pollution Control and Air Quality Management Districts (Districts) and sources of diesel PM emissions in making consistent risk management decisions.

In advance of performing a health risk assessment (HRA), it is recommended that the District and the stationary source of diesel emissions reach a consensus on the HRA approach for estimating health impacts from diesel exhaust. See Chapter 9 for an outline of a modeling protocol.

B. Calculations/Risk Assessment Procedures

In August 1998, the ARB identified diesel exhaust as a toxic air contaminant (TAC) (ARB, 1998). In the identification report, OEHHA provided an inhalation noncancer chronic reference exposure level (REL) of 5 micrograms per cubic meter ($\mu\text{g}/\text{m}^3$) and a range of inhalation cancer potency factors of 1.3×10^{-4} to 2.4×10^{-3} ($\mu\text{g}/\text{m}^3$)⁻¹. The Scientific Review Panel on Toxic Air Contaminants recommended a “reasonable estimate” inhalation unit risk factor of 3.0×10^{-4} ($\mu\text{g}/\text{m}^3$)⁻¹. From the unit risk factor an inhalation cancer potency factor of 1.1 (mg/kg-day)⁻¹ may be calculated. These noncancer and cancer health factors were developed based on whole (gas and particulate matter) diesel exhaust. The surrogate for whole diesel exhaust is diesel PM. PM₁₀ (particulate matter, ten microns or less in size) is the basis for the potential risk calculations.

Cancer

When conducting an HRA, the potential cancer risk from inhalation exposure to diesel PM will outweigh the potential noncancer health impacts. Therefore, inhalation cancer risk is required for every HRA. (The methods for calculating inhalation cancer risk can be found in Chapters 5, 7, and 8.) When comparing whole diesel exhaust to speciated diesel exhaust (e.g., PAHs, metals), potential cancer risk from inhalation exposure to whole diesel exhaust will

outweigh the multipathway cancer risk from the speciated components. For this reason, there will be few situations where an analysis of multipathway risk is necessary.

The District may elect to require a multipathway analysis if reliable data are available and the District decides that it is necessary. If the District elects to require a multipathway analysis, the components of the diesel exhaust will need to be speciated since there is not an oral cancer potency factor for diesel PM. It is recommended that the District be consulted on the procedures for conducting a multipathway analysis for diesel exhaust. The District may wish to use speciation data from the ARB. If so, a resource for speciation data is available on the ARB's website at www.arb.ca.gov/emisinv/speciate/speciate.htm.

If a multipathway analysis is required, the speciated data should be compared with the substances in Table 5.1. Any substances in the speciation profile that are listed in Table 5.1 and have an oral cancer potency factor in Table 7.1 should be included in the multipathway analysis. Potential multipathway cancer risks are estimated following the procedures in Chapters 5 and 8 of this document. These procedures require summing the potential cancer risk from each carcinogen to estimate the total facility cancer risk.

Noncancer Chronic

To determine noncancer chronic inhalation health impacts from exposure to diesel exhaust use the methods described in Chapters 6 and 8.

In most situations, noncancer health impacts from inhalation exposure to whole diesel exhaust will outweigh the noncancer multipathway health impacts to the speciated components of diesel exhaust. However, there may be situations when the multipathway impacts need to be investigated.

Therefore, the District may elect to require a multipathway analysis if reliable data is available and they feel it is necessary. If the District elects to require a multipathway analysis, the components of the diesel exhaust will need to be speciated since there is not an oral reference exposure level for diesel PM. A resource for speciation data at the ARB is identified above. It is recommended that the District be consulted on the procedures for conducting a multipathway analysis. If a multipathway analysis is required, the speciated data should be compared with the substances in Table 5.1. Any substances in the speciation profile that are listed in Table 5.1 and have an oral chronic REL in Table 6.3 should be included in the multipathway analysis. Potential multipathway chronic risks are estimated following the procedures in Chapters 5 and 8 of this document.

Noncancer Acute

As stated above, potential cancer risk is usually the driving health impact for diesel exhaust. However, there may be certain unusual situations where an evaluation of the acute health effects may be warranted. One possible situation is when a nearby receptor is located above the emission release point (e.g. on a hillside or in a multistory apartment building). Since there is no acute REL for diesel exhaust, the components of the exhaust will need to be speciated to determine the potential acute health impacts. It is recommended that the District be consulted on the procedures for conducting an acute analysis. If an acute analysis is required, the speciated

data should be compared with the substances in Table 6.1. Any substances in the speciation profile that are listed in Table 6.1 should be included in the acute analysis. A resource for speciation data at the ARB is identified above. Potential acute risks are estimated following the procedures in Chapters 6 and 8 of this document.

References:

ARB 1998. Air Resources Board, "Proposed Identification of Diesel Exhaust as a Toxic Air Contaminant, Appendix III, Part A, Exposure Assessment," April 1998.

ARB 2000. Air Resources Board, "Risk Reduction Plan to Reduce Particulate Matter Emissions from Diesel-Fueled Engines and Vehicles," October 2000.